

ACTUAL FINANCIAL DATA
AMBULANCE REVENUE and COST REPORT
GENERAL INFORMATION and CERTIFICATION

Legal Name of Company: Emergency Medical Transport, Inc CON No. 75

D.B.A. (Doing Business As): American Ambulance Business Phone: 928-445-3814

Financial Records Address: 8465 N Pima Rd City: Scottsdale Zip Code: 85258

Mailing Address (If Different): _____ City: _____ Zip Code: _____

Owner / Manager: COO - Glenn Kasprzyk

Report Contact Person: COO - Glenn Kasprzyk Business Phone: 928-445-3814 Ext. _____

Report for Period From: From: January 1, 2015 To: December 31, 2015

Method of Valuing Inventory: LIFO: _____ FIFO: (X) Other (Explain): _____

Please attach a list of all affiliated organizations (parents/subsidiaries) that exhibit at least 5% ownership/vesting.
American Medical Response, Inc., Envision Healthcare Holdings, Inc.

I hereby verify that I have directed the preparation of the enclosed annual report in accordance with the reporting requirements of the State of Arizona.

I have read this report and hereby verify that the information provided is true and correct to the best of my knowledge.

This report has been prepared using the accrual basis of accounting.

Authorized Signature: _____

Title: _____

Regional Operations and Finance Officer

Date: June 30, 2016

Mail to:

Department of Health Services
Bureau of Emergency Medical Services
Certificate of Necessity and Rates Section
150 North 18th Avenue, Suite 540
Phoenix, AZ 85007-3248
Telephone: (602) 364-3150
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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Emergency Medical Transport, Inc

FOR THE PERIOD **FROM:** January 1, 2015 **TO:** December 31, 2015

STATISTICAL SUPPORT DATA

Line No.	DESCRIPTION	(1) SUBSCRIPTION SERVICE TRANSPORTS	(2)** TRANSPORTS UNDER CONTRACT	(3) TRANSPORTS NOT UNDER CONTRACT	(4) TOTALS
1	Number of ALS Billable Transports:			-	0
2	Number of BLS Billable Transports:			2,565	2,565
3	Number of Loaded Billable Miles:			15,396	15,396
4	Waiting Time (Hr. & Min.):			-	0
5	Canceled (Non-Billable) Runs:			338	338
					Number
	Volunteer Services: (OPTIONAL)				Donated Hours
6	Paramedic and IEMT				0
7	Emergency Medical Technician - B				0
8	Other Ambulance Attendants				0
9	Total Volunteer Hours				0

** This column reports only those runs where a contracted discount rate was applied. See Page 7 to provide additional information regarding discounted contract runs.

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Emergency Medical Transport, Inc

FOR THE PERIOD

FROM: January 1, 2015

TO: December 31, 2015

STATISTICAL SUPPORT DATA

Line No.	Type of Service	(1) SUBSIDIZED PATIENTS	(2) NON- SUBSIDIZED PATIENTS	(3) TOTALS
1	Number of ALS Billable Transports:	_____	_____ - _____	_____ 0
2	Number of BLS Billable Transports:	_____	_____ 2,565	_____ 2,565
3	Number of Loaded Billable Miles:	_____	_____ 15,396	_____ 15,396
4	Waiting Time (Hr. & Min.):	_____	_____ - _____	_____ 0
5	Canceled (Non-Billable) Runs:	_____	_____ 338	_____ 338

Number

Volunteer Services: (OPTIONAL)

**Donated
Hours**

6	Paramedic and IEMT	.....	_____ 0
7	Emergency Medical Technician - B	.....	_____ 0
8	Other Ambulance Attendants	.....	_____ 0
9	Total Volunteer Hours	.....	_____ 0

Note: This page and page 3.1, Routine Operating Revenue, are only for those governmental agencies that apply subsidy to patient billings.

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Emergency Medical Transport, Inc

FOR THE PERIOD

FROM: January 1, 2015

TO: December 31, 2015

STATEMENT OF INCOME

Line No.	DESCRIPTION	FROM	
Operating Revenues:			
1	Ambulance Service Routine Operating Revenue	Page 3, Line 10 & Page 3.1, Line 10	\$ 1,415,066
Less:			
2	AHCCCS Settlement	Page 3.1, Line 11	423,468
3	Medicare Settlement	Page 3.1, Line 12	186,621
4	Contractual Discounts	Page 7, Line 22	0
5	Subscription Service Settlement	Page 8, Line 4	0
6	Other (Non-Transport Reserve)	Page 3.1, Line 13	574
7	Total	Sum of Lines 2 through 6	610,663
8	Net Revenue from Ambulance Runs	Line 1, minus Line 7	804,404
9	Sales of Subscription Service Contracts	Page 8, Line 8	0
10	Total Operating Revenue	Line 8, plus Line 9	\$ 804,404
Ambulance Operating Expenses:			
11	Bad Debt (Includes Subscription Services Bad Debt)		243,483
12	Wages, Payroll Taxes, and Employee Benefits	Page 4, Line 22	213,953
13	General and Administrative Expenses	Page 5, Line 20	128,079
14	Cost of Goods Sold	Page 3, Line 15	20,593
15	Other Operating Expense	Page 6, Line 28	48,221
16	Interest Expense (Attach Schedule IV)	Page 14, Line 28, Column 4 & 5	21,266
17	Subscription Service Direct Selling	Page 8, Line 23	0
18	Total Operating Expense	Sum of Lines 11 through 17	675,595
19	Ambulance Service Income (Loss)	Line 10, minus Line 18	128,808
Other Revenue / Expenses:			
20	Other Operating Revenue and Expense	Page 9, Line 17	163
21	Non-Operating Revenue and Expense		
22	Non-Deductible Expenses (Attach Schedule)		
23	Total Other Revenues / Expenses	Sum of Lines 20 & 21	163
24	Ambulance Service Income (Loss) - Before Income Taxes	Sum of Line 19, plus Line 23	128,972
Provision for Income Taxes:			
25	Federal Income Tax		45,140
26	State Income Tax		6,449
27	Total Income Tax	Lines 25, plus Line 26	51,589
28	Ambulance Service Net Income (Loss)	Line 24, minus Line 27	77,383

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Emergency Medical Transport, Inc

FOR THE PERIOD

FROM: January 1, 2015

TO: December 31, 2015

ROUTINE OPERATING REVENUE

Line
No.

DESCRIPTION

Ambulance Service Routine Operating Revenue:

1	ALS Base Rate Amount	Rate	\$ (a)	x No. of Runs	-	=	\$ 0
		Rate		x No. of Runs		=	0
2	BLS Base Rate Amount	Rate	(a)	x No. of Runs	2,565	=	1,142,683
		Rate		x No. of Runs		=	0
3	Mileage Rate Amount	Rate	(a)	x No. of Billable Miles	15,396	=	247,593
		Rate		x No. of Billable Miles		=	0
4	Waiting Charge Amount	Rate	(a)	x No. of Hours	-	=	564
		Rate		x No. of Hours		=	0
5	Medical Supplies (Gross Charges to patients)						23,180
6	Nurses Charges						0
7	Total						1,414,020
8	Standby Revenue (Attach Schedule)						1,046
9	Other Ambulance Service Revenue (Attach Schedule)						0
10	Total Ambulance Service Routine Operating Revenue (To Page 2, Line 1)					\$	1,415,066

Cost of Goods Sold: (Medical Supplies)

11	Inventory at Beginning of Year		N/A
12	Plus Purchases		
13	Plus Other Costs		
14	Less Inventory at End of Year		N/A
15	Cost of Goods Sold (To Page 2, Line 14)		\$ 20,593 *

* The disposable medical supplies are expensed as used and not inventoried by CON

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Emergency Medical Transport, Inc

FOR THE PERIOD

FROM: January 1, 2015

TO: December 31, 2015

ROUTINE OPERATING REVENUE

Identified by subsidized and non-subsidized patients

(1)

(2)

(3)

Line No.	DESCRIPTION	SUBSIDIZED PATIENTS	NON- SUBSIDIZED PATIENTS	TOTALS
AMBULANCE SERVICE OPERATING REVENUE				
1	ALS Base Rate	\$	\$ 0	\$ 0
2	BLS Base Rate .....	.....	1,142,683	1,142,683
3	Mileage Charge .....	.....	247,593	247,593
4	Waiting Charge .....	.....	564	564
5	Medical Supplies (Gross Charges) ....	.....	23,180	23,180
6	Nurses' Charges .....	.....	0	0
7	Total	\$	\$ 1,414,020	\$ 1,414,020
Plus:				
8	Standby Revenue (Attach Schedule) .....	.....	.....	1,046
9	Other Ambulance Service Revenue (Attach Schedule) .....	.....	.....	0
10	Total Ambulance Service Routine Operating Revenue	(Post to Pg 2, Line 1) .....	.....	\$ 1,415,066
Less:				
11	AHCCCS Settlement (Post total to Pg 2, Line 2)	\$	\$ 423,468	\$ 423,468
12	Medicare Settlement (Post total to Pg 2, Line 3) .....	.....	186,621	186,621
13	Subsidy (Post total to Pg 2, Line 6) .....	.....	.....	0
14	Other: Non-Transport Reserve (Attach Schedule) .....	.....	574	574
15	Total Settlements (Post to Pg 2, Line 7)	\$ 0	\$ 610,663	\$ 610,663

Note: This page and page 1.1, are only for those governmental agencies that apply subsidy to patient billings.

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Emergency Medical Transport, Inc

FOR THE PERIOD

FROM:

January 1, 2015

TO:

December 31, 2015

WAGES, PAYROLL TAXES, and EMPLOYEE BENEFITS

Line No.	DESCRIPTION	No. of *F.T.E.	AMOUNT
OFFICERS / OWNERS (Attach Schedule 1, Wage Category; Pg 10, Line 7)			
1	Gross Wages	0.0	\$ 0
2	Payroll Taxes		0
3	Employee Fringe Benefits		0
4	Total	0.0	0
MANAGEMENT (Attach Schedule II, Wage Detail; Pg 11)			
5	Gross Wages	0.1	8,811
6	Payroll Taxes		739
7	Employee Fringe Benefits		1,492
8	Total	0.1	11,043
AMBULANCE PERSONNEL (Attach Schedule II, Wage Detail; Pg 11) ** Casual Labor Wages			
9	Gross Wages		
	Paramedics and IEMT	\$ 14	\$ 40,570
10	Emergency Medical Technician (EMT)		
11	Nurses		
12	Payroll Taxes		
13	Employee Fringe Benefits		
14	Total	5.6	202,910
OTHER PERSONNEL (Attach Schedule II, Wage Detail; Pg 11)			
15	Gross Wages		
15	Dispatch	0.0	0
16	Mechanics	0.0	0
17	Office and Clerical	0.0	0
18	Other	0.0	0
19	Payroll Taxes		0
20	Employee Fringe Benefits		0
21	Total	0.0	0
22	Total F.T.E., Wages, Payroll Taxes, & Employee Benefits	5.7	\$ 213,953

* Full-time equivalents (F.T.E.) is the sum of all hours for which employee wages were paid during the year divided by 2,080.

** The sum of Casual Labor (wages paid on a per run basis) plus Wages paid is entered in Column 2 by line item. However when calculating F.T.E.s, do not include casual labor hours worked or expenses incurred.

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Emergency Medical Transport, Inc

FOR THE PERIOD FROM: January 1, 2015 TO: December 31, 2015

ALLOCATION OF WAGES, PAYROLL TAXES, and EMPLOYEE BENEFITS

Line No.	DESCRIPTION	(1) No. of *F.T.E.	(2) Total Expenditure	(3) Allocation Percentage	(4) Ambulance Amount
MANAGEMENT					
1	Gross Wages (Attach Schedule II)	0.1	8,811	100%	8,811
2	Payroll Taxes		739	100%	739
3	Employee Fringe Benefits		1,492	100%	1,492
4	Total	0.1	11,043		11,043
AMBULANCE PERSONNEL					
	Gross Wages (Attach Schedule II)				
5	Paramedics and IEMT	1.2	40,584	100%	40,584
6	Emergency Medical Technician (EMT)	4.0	95,011	100%	95,011
7	Nurses	0.4	26,317	100%	26,317
8	Drivers			100%	0
9	Payroll Taxes		13,579	100%	13,579
10	Employee Fringe Benefits		27,421	100%	27,421
11	Total	5.6	202,910		202,910
OTHER PERSONNEL					
	Gross Wages (Attach Schedule II)				
12	Dispatch	-	0	100%	0
13	Mechanics	-	0	100%	0
14	Office and Clerical	-	0	100%	0
15	Other	-	0	100%	0
16	Payroll Taxes		0	100%	0
17	Employee Fringe Benefits		0	100%	0
18	Total	-	0		0
19	TOTAL F.T.E., WAGES, PAYROLL TAXES & EMPLOYEE BENEFITS	5.7	213,953		\$ 213,953

* Full-time equivalents (F.T.E.) is the sum of all hours for which employee wages were paid during the year divided by 2,080.

** The sum of Casual Labor (wages paid on a per run basis) plus Wages paid is entered in Column 2 by line item. However, when calculating F.T.E's, do not include casual labor hours worked or expenses incurred.

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Emergency Medical Transport, Inc

FOR THE PERIOD

FROM: January 1, 2015

TO: December 31, 2015

BASIS OF ALLOCATIONS OF WAGES, PAYROLL et al.

Line No.	DESCRIPTION	Basis of Allocations
1	Gross Wages - MANAGEMENT	All personnel are 100% dedicated to ambulance services.
2	Payroll Taxes	100% ambulance services.
3	Employee Fringe Benefits	100% ambulance services.
4	Total	100% ambulance services.
		Contractual Wages
	Gross Wages - AMBULANCE PERSONNEL	
5	Paramedics and IEMT	100% ambulance services.
6	Emergency Medical Technician (EMT)	100% ambulance services.
7	Nurses	100% ambulance services.
8	Drivers	100% ambulance services.
9	Payroll Taxes	100% ambulance services.
10	Employee Fringe Benefits	100% ambulance services.
11	Total	100% ambulance services.
	Gross Wages - OTHER PERSONNEL	
12	Dispatch	100% ambulance services.
13	Mechanics	100% ambulance services.
14	Office and Clerical	100% ambulance services.
15	Other	100% ambulance services.
16	Payroll Taxes	100% ambulance services.
17	Employee Fringe Benefits	100% ambulance services.
18	Total	100% ambulance services.

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Emergency Medical Transport, Inc

FOR THE PERIOD

FROM: January 1, 2015

TO: December 31, 2015

GENERAL and ADMINISTRATIVE EXPENSES

Line No.	DESCRIPTION		
Professional Service:			
1	Legal Fees	\$ -	
2	Collection Fees	25,783	
3	Accounting and Auditing	-	
4	Data Processing Fees	-	
5	Other (Attach Schedule)	639	
6	Total		\$ 26,432
Travel and Entertainment:			
7	Meals and Entertainment	-	
8	Transportation - Other Company Vehicles	-	
9	Travel	-	
10	Other (Attach Schedule)	148	
11	Total		148
Other General and Administrative:			
12	Office Supplies	232	
13	Postage	11	
14	Telephone	2,237	
15	Advertising	-	
16	Professional Liability Insurance	(1,108)	
17	Dues and Subscriptions	213	
18	Other (Attach Schedule)	99,915	
19	Total		101,499
20	Total General and Administrative Expenses	(Post to Page 2, Line 13)	\$ 128,079

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Emergency Medical Transport, Inc

FOR THE PERIOD

FROM: January 1, 2015

TO: December 31, 2015

GENERAL and ADMINISTRATIVE SUPPORTING DETAIL

Line No.	DESCRIPTION		
Professional Service Other:			
1	Management Consulting	\$	-
2	Medical Director		-
3	911 contract administration		-
4	Temp Staffing		-
5	First Responder Fees		-
6	Other Professional Fees		639
7	Total		\$ 639
Travel and Entertainment Other:			
8	Other T&E		148
9			
10			
11			
12	Total		148
Other General and Administrative:			
13	Public Relations		-
14	Printing		568
15	Contributions		-
16	Bank Charges		-
17	Business Licenses & Misc taxes		599
18	Misc G&A		339
19	Corporate & Regional Overhead Support		98,408
20	Total		99,915

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Emergency Medical Transport, Inc

FOR THE PERIOD FROM: January 1, 2015 TO: December 31, 2015

ALLOCATION of GENERAL and ADMINISTRATIVE EXPENSES

Line No.	DESCRIPTION	(1) Total Expenditure	(2) Allocation Percentage	(3) Ambulance Amount
Professional Service:				
1	Legal Fees	\$ 0	100%	\$ 0
2	Collection Fees	25,793	100%	25,793
3	Accounting and Auditing	0	100%	0
4	Data Processing Fees	0	100%	0
5	Other (Attach Schedule)	639	100%	639
6	Total	26,432		26,432
Travel and Entertainment:				
7	Meals and Entertainment	0	100%	0
8	Transportation - Other Company Vehicles	0	100%	0
9	Travel	0	100%	0
10	Other (Attach Schedule)	148	100%	148
11	Total	148		148
Other General and Administrative:				
12	Office Supplies	232	100%	232
13	Postage	11	100%	11
14	Telephone	2,237	100%	2,237
15	Advertising	0	100%	0
16	Professional Liability Insurance	(1,108)	100%	(1,108)
17	Dues and Subscriptions	213	100%	213
18	Other (Attach Schedule)	99,915	100%	99,915
19	Total	101,499		101,499
20	Total General and Administrative Expenses (Post to Page 2, Line 13)	\$ 128,079		128,079

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Emergency Medical Transport, Inc

FOR THE PERIOD

FROM: January 1, 2015

TO: December 31, 2015

BASIS of ALLOCATION OF GENERAL and ADMINISTRATIVE EXPENSES

<u>Line No.</u>	<u>DESCRIPTION</u>	<u>Basis of Allocation</u>
Professional Service:		
1	Legal Fees	100% Ambulance Services
2	Collection Fees	100% Ambulance Services
3	Accounting and Auditing	100% Ambulance Services
4	Data Processing Fees	100% Ambulance Services
5	Other (Attach Schedule)	100% Ambulance Services
6	Total	
Travel and Entertainment:		
7	Meals and Entertainment	100% Ambulance Services
8	Transportation - Other Company Vehicles	100% Ambulance Services
9	Travel	100% Ambulance Services
10	Other (Attach Schedule)	100% Ambulance Services
11	Total	
Other General and Administrative:		
12	Office Supplies	100% Ambulance Services
13	Postage	100% Ambulance Services
14	Telephone	100% Ambulance Services
15	Advertising	100% Ambulance Services
16	Professional Liability Insurance	100% Ambulance Services
17	Dues and Subscriptions	100% Ambulance Services
18	Other (Attach Schedule)	100% Ambulance Services
19	Total	

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Emergency Medical Transport, Inc

FOR THE PERIOD

FROM: January 1, 2015

TO: December 31, 2015

OTHER OPERATING EXPENSES

Line

No. DESCRIPTION

Depreciation and Amortization:

1	Depreciation (Attach Schedule III)	(From Pg 13, Line 20, Col I)	\$	3,920
2	Amortization			0
3	Total		\$	3,920

4	Rent / Lease (Attach Schedule III)	(From Pg 13, Line 20, Col K)		7,030
---	--	------------------------------------	--	-------

Building / Station Expense:

5	Building and Cleaning Supplies			349
6	Utilities			973
7	Property Taxes			973
8	Property Insurance			0
9	Repairs and Maintenance			1,717
10	Other (Attach Schedule)			0
11	Total			4,012

Vehicle Expense - Ambulance Units:

12	License / Registration			254
13	Fuel			11,574
14	General Vehicle Service and Maintenance			9,570
15	Major Repairs			0
16	Insurance - Service Vehicles			3,390
17	Other (Attach Schedule)			832
18	Total			25,621

Other Expenses:

19	Dispatch			0
20	Education / Training			0
21	Uniforms and Uniform Cleaning			3,912
22	Meals and Travel for Ambulance personnel			0
23	Maintenance Contracts			1,104
24	Minor Equipment - Not Capitalized			1,629
25	Ambulance Supplies - Nonchargeable			0
26	Other (Attach Schedule)			992
27	Total			7,637
28	Total Other Operating Expenses	(Post to Page 2, Line 15)	\$	48,221

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Emergency Medical Transport, Inc

FOR THE PERIOD

FROM: January 1, 2015

TO: December 31, 2015

OTHER OPERATING EXPENSES SUPPORTING DETAIL

Line

No. DESCRIPTION

Building / Station Expense Other:

1	Other building/station expenses	.....	<u>0</u>
2		.....
3		.....
4		.....
5		.....
6		.....
7	Total	.....	<u>0</u>

Vehicle Expense - Ambulance Units Other:

8	Tires	.....	<u>832</u>
9		.....
10		.....
11		.....
12		.....
13		.....
14	Total	<u>832</u>

Other Expenses:

15	Medical Testing	<u>992</u>
16		
17		
18		
19		
20		
21		
22		
23	Total	<u>992</u>

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Emergency Medical Transport, Inc

FOR THE PERIOD **FROM:** January 1, 2015 **TO:** December 31, 2015

ALLOCATION of OTHER OPERATING EXPENSES

Line No.	DESCRIPTION	(1) Total Expenditure	(2) Allocation Percentage	(3) Ambulance Amount
Depreciation and Amortization:				
1	Depreciation (Attach Schedule III) (From Pg 13, Line 20, Col I)	\$ 3,920	100%	\$ 3,920
2	Amortization	0	100%	0
3	Total	3,920		3,920
4	Rent / Lease (Attach Schedule III) (From Pg 13, Line 20, Col K)	7,030	100%	7,030
Building / Station Expense:				
5	Building and Cleaning Supplies	349	100%	349
6	Utilities	973	100%	973
7	Property Taxes	973	100%	973
8	Property Insurance	0	100%	0
9	Repairs and Maintenance	1,717	100%	1,717
10	Other (Attach Schedule)	0	100%	0
11	Total	4,012		4,012
Vehicle Expense - Ambulance Units:				
12	License / Registration	254	100%	254
13	Fuel	11,574	100%	11,574
14	General Vehicle Service and Maintenance	9,570	100%	9,570
15	Major Repairs	0	100%	0
16	Insurance - Service Vehicles	3,390	100%	3,390
17	Other (Attach Schedule)	832	100%	832
18	Total	25,621		25,621
Other Expenses:				
19	Dispatch	0	100%	0
20	Education / Training	0	100%	0
21	Uniforms and Uniform Cleaning	3,912	100%	3,912
22	Meals and Travel - Ambulance Personnel	0	100%	0
23	Maintenance Contracts	1,104	100%	1,104
24	Minor Equipment - Not Capitalized	1,629	100%	1,629
25	Ambulance Supplies - Nonchargeable	0	100%	0
26	Other (Attach Schedule)	992	100%	992
27	Total	7,637		7,637
28	Total Other Operating Expenses (Post to Page 2, Line 15) ..	\$ 48,221		\$ 48,221

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Emergency Medical Transport, Inc

FOR THE PERIOD

FROM: January 1, 2015

TO: December 31, 2015

BASIS of ALLOCATION OF OTHER EXPENSES

<u>Line No.</u>	<u>DESCRIPTION</u>	<u>Basis of Allocation</u>
Depreciation and Amortization:		
1	Depreciation	100% Ambulance Services
2	Amortization	100% Ambulance Services
3	Total	100% Ambulance Services
4	Rent / Lease	100% Ambulance Services
Building / Station Expense:		
5	Building and Cleaning Supplies	100% Ambulance Services
6	Utilities	100% Ambulance Services
7	Property Taxes	100% Ambulance Services
8	Property Insurance	100% Ambulance Services
9	Repairs and Maintenance	100% Ambulance Services
10	Other	100% Ambulance Services
11	Total	100% Ambulance Services
Vehicle Expense - Ambulance Units:		
12	License / Registration	100% Ambulance Services
13	Fuel	100% Ambulance Services
14	General Vehicle Service and Maintenance	100% Ambulance Services
15	Major Repairs	100% Ambulance Services
16	Insurance - Service Vehicles	100% Ambulance Services
17	Other	100% Ambulance Services
18	Total	100% Ambulance Services
Other Expenses:		
19	Dispatch	100% Ambulance Services
20	Education / Training	100% Ambulance Services
21	Uniforms and Uniform Cleaning	100% Ambulance Services
22	Meals and Travel for Ambulance personnel	100% Ambulance Services
23	Maintenance Contracts	100% Ambulance Services
24	Minor Equipment - Not Capitalized	100% Ambulance Services
25	Ambulance Supplies - Nonchargeable	100% Ambulance Services
26	Other (Attach Schedule)	100% Ambulance Services
27	Total	100% Ambulance Services

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Emergency Medical Transport, Inc

FOR THE PERIOD

FROM: January 1, 2015 TO: December 31, 2015

DETAIL OF CONTRACTUAL ALLOWANCES

<u>Line No.</u>	<u>Name of Contracting Entity</u>	<u>Total Billable Runs</u>	<u>Gross Billing</u>	<u>Percent Discount</u>	<u>Allowance</u>
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22	(Post Total to Page 2, Line 4)				\$ -

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BEMSTS-CON & RATES

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Emergency Medical Transport, Inc

FOR THE PERIOD

FROM: January 1, 2015 TO: December 31, 2015

SUBSCRIPTION SERVICE REVENUE AND DIRECT SELLING EXPENSES

Line No.	Description	
1	Billings at Fully Established Rate	\$
<u>Less:</u>		
2	AHCCCS Settlement	\$
3	Medicare Settlement .....	.....
4	Subscription Service Settlement	(Post to Pg 2, Line 5)
5	Subscription Service Bad Debt .....	.....
6	Total	0
<u>Plus:</u>		
7	Net Revenue from Subscription Service Runs .....	.....
8	Sales of Subscription Service	(Post to Pg 2, Line 9) 0
9	Other Revenue	(attach schedule) 0
10	Total Subscription Service Revenue	(total of Lines 7, 8 and 9) 0
Direct Expenses Incurred Selling Subscription Contracts		
11	Salaries / Wages .....	.....
12	Payroll Taxes .....	.....
13	Employee Fringe Benefits .....	.....
14	Professional Services .....	.....
15	Contract Labor .....	.....
16	Travel .....	.....
17	Other General & Administrative Expenses .....	.....
18	Depreciation / Amortization .....	.....
19	Rent / Lease .....	.....
20	Building / Station Expense .....	.....
21	Transportation / Vehicles .....	.....
22	Other:	(attach schedule) 0
23	Total Subscription Service Expenses	(Post to Pg 2, Line 17) \$ 0

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Emergency Medical Transport, Inc

FOR THE PERIOD FROM: January 1, 2015 TO: December 31, 2015

OTHER OPERATING REVENUES & EXPENSES

Line No.	Description	
Other Operating Revenues:		
1	Supportive Funding - Local (attach schedule)	\$
2	Grant Funds - State (attach schedule) .....	.....
3	Grant Funds - Federal (attach schedule) .....	.....
4	Grant Funds - Other (attach schedule) .....	.....
5	Patient Finance Charges .....	.....
6	Patient Late Payment Charges .....	.....
7	Interest Earned - Related Person / Organization .....	.....
8	Interest Earned - Other .....	.....
9	Gain on Sale of Operating Property .....	.....
10	Other: <u>Interest Income & Misc Revenue</u>	<u>43</u>
11	Other: .....	.....
12	Total Other Operating Revenues	\$ <u>43</u>
Other Operating Expenses:		
13	Loss on Sale of Operating Property	<u>(120)</u>
14	Other:	<u>0</u>
15	Other:	<u>0</u>
16	Total Other Operating Expenses	<u>(120)</u>
17	Net Other Operating Revenues and Expenses (Post to Pg 2, Line 20)	\$ <u>163</u>

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Emergency Medical Transport, Inc
 FOR THE PERIOD FROM: January 1, 2015 TO: December 31, 2015

Schedule I
 DETAIL OF SALARIES / WAGES
Officers / Owners

Line No.	Name	Title	% of Ownership	Management	*FTE	CEP IEMT EMT	*FTE	OFFICE	*FTE	OTHER	*FTE	WAGES PAID TO OWNERS	*FTE
1				\$				\$				\$	0.0
2													
3													
4													
5													
6													
7	TOTAL			\$				\$				\$	0.0

* Full-time equivalents (F.T.E.) is the sum of all hours for which employee wages were paid during the year divided by 2080

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Emergency Medical Transport, Inc

FOR THE PERIOD **FROM:** January 1, 2015 **TO:** December 31, 2015

Schedule II
DETAIL of SALARIES / WAGES
Management, Ambulance Personnel, Other Personnel

Line No.	Detail of Salaries / Wages - Other Than Officers / Owners
----------	---

1 MANAGEMENT:

Certification and / or Title	Scheduled Shifts (no. of hours worked each week)	Hourly Wage	Annual Salary	\$ Per Run or Shift
Various Local Management	40 Hours/Week	x	x	N/A
Various Regional Management	40 Hours/Week	x	x	N/A

2 **AMBULANCE PERSONNEL:**

Paramedic	56/48/40 hours/week	x		N/A
EMT	56/48/40 hours/week	x		N/A
Nurse	56/48/40 hours/week	x		N/A

3 OTHER PERSONNEL:

[illegible]

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BEMSTS-CON & RATES

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Emergency Medical Transport, Inc

FOR THE PERIOD

FROM: January 1, 2015

TO: December 31, 2015

Schedule III DEPRECIATION and/or RENT / LEASE EXPENSE AMBULANCE VEHICLES & ACCESSORIAL EQUIPMENT ONLY

Line No.	A Description of Property	B Date Placed in Service	C Cost or Other Basis **	D Business Use Percent	E Basis for Depreciation	F Method "straight line" Depreciation	G Recovery Period (in years)	H Depreciation Prior Years	I Current Year Depreciation	J Remaining Basis	K Rent / Lease Amounts *
1	Vehicle Rental			100%							
2	Equipment Rental			100%							
3											
4	Ambulances	Various	\$ 21,177	100%	\$ 21,177	SL	Various	-	\$ 3,409	20,291	
5	Ambulance Equipment	Various	\$ -	100%	\$ -	SL	Various	-	\$ -	-	
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20	SUBTOTAL										\$ 394

* Complete Description of property, date placed in service, and rent/lease amount only.
** Fixed assets revalued as of October 2015 acquisition

\$ 3,409 Post to Pg 13, Line 19, Column I
\$ 20,291 Post to Pg 13, Line 19, Column K
\$ 394 Post to Pg 13, Line 19, Column K

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Emergency Medical Transport, Inc
 FOR THE PERIOD FROM: January 1, 2015 TO: December 31, 2015

Schedule III
 DEPRECIATION and/or RENT / LEASE EXPENSE
 ALL OTHER ITEMS

Line No.	A Description of Property	B Date Placed in Service	C Cost or Other Basis**	D Business Use Percent	E Basis for Depreciation	F Method "straight line" Depreciation	G Recovery Period (in years)	H Depreciation Prior Years	I Current Year Depreciation	J Remaining Basis	K Rent / Lease Amounts *
1	Rented Real Estate			100%							6,637
2											
3	Other Vehicles	Various	\$ -	100%	\$ -	SL	Various	\$ -	\$ -	\$ -	
4	Non-Vehicle Fixed Assets	Various	\$ 2,598	100%	\$ 2,598	SL	Various	\$ -	\$ 511	\$ 2,493	
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											

18	SUBTOTAL above								\$ 511	\$ 2,493	\$ 6,637
19	SUBTOTAL from Page 12, Line 20								\$ 3,409	\$ 20,291	\$ 394
20	SUM of Line 18 & 19								\$ 3,920	\$ 22,784	\$ 7,031

* Complete Description of property, date placed in service, and rent/lease amount only.
 ** Fixed assets revalued as of October 2015 acquisition

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AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Emergency Medical Transport, Inc

FOR THE PERIOD

FROM:

January 1, 2015

TO:

December 31, 2015

**Schedule IV
DETAIL OF INTEREST**

Line No.	Description	(1)	(2)	(3)	(4)	(5)
		Interest Rate	Principal Balance Beginning of Period	End of Period	Interest Expense Related Persons or Organizations	Other
1	Service Vehicles & Accessorial Equipment Name of Payee:					
2						
3						
4						
5	Communication Equipment Name of Payee:					
6						
7						
8	Other Property and Equipment Name of Payee:					
9						
10						
11	Working Capital Name of Payee:					
12	Various - Consolidated Financials	Various	In Corp Balances			21,266
13						
14	Other Name of Payee:					
15	TOTAL					

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BEMST'S-CON & RATES

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: Emergency Medical Transport, Inc

FOR THE PERIOD **FROM:** January 1, 2015 **TO:** December 31, 2015

BALANCE SHEET

ASSETS

CURRENT ASSETS

1	Cash		\$		
2	Accounts Receivable: NET			187,644	
3	Less: Allowance for Doubtful Accounts				
4	Inventory			3,322	
5	Prepaid Expenses and Other			9,692	
6	Other Current Assets				
7	TOTAL CURRENT ASSETS				\$ 200,658
9	PROPERTY & EQUIPMENT: NET				22,784
10	Less: Accumulated Depreciation				
11	OTHER NON CURRENT ASSETS				39,411
12	TOTAL ASSETS				\$ 262,853

LIABILITIES & EQUITY

CURRENT LIABILITIES

13	Accounts Payable		\$	11,986	
14	Current Portion of Notes Payable				
15	Current Portion of Long-Term Debt				
16	Deferred Subscription Income				
17	Accrued Expenses and Other			4,553	
18					
19					
20	TOTAL CURRENT LIABILITIES				\$ 16,539
21	NOTES PAYABLE				
22	LONG-TERM DEBT OTHER			18,315	
23	TOTAL LONG-TERM DEBT				18,315

EQUITY & OTHER CREDITS

Paid-In Capital:

24	Common Stock				
25	Paid-In Capital in Excess of Par Value				
26	Contributed Capital				
27	Retained Earnings				
28	Net Investment			227,999	
29					
30	Fund Balance				
31	TOTAL EQUITY				227,999
32	TOTAL LIABILITIES & EQUITY				\$ 262,853

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BEMST'S-CON & RATES

AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY:

Emergency Medical Transport, Inc

FOR THE PERIOD

FROM: January 1, 2015

TO: December 31, 2015

STATEMENT OF CASH FLOWS

OPERATING ACTIVITIES:

1	Net (loss) Income		\$	77,383
	<i>Adjustments to Reconcile Net Income to Net Cash</i>			
	<u>Provided by Operating Activities:</u>	Note: a increase in these accounts improves cash flow		
2	Depreciation Expense			3,920
3	Deferred Income Tax			
4	Loss (gain) on Disposal of Property & Equipment			(120)
	<i>(Increase) Decrease in:</i>	Note: a decrease in these accounts improves cash flow		
5	Accounts Receivable			163,515
6	Inventories			(1,102)
7	Prepaid Expenses and Other			1,838
	<i>Increase (Decrease) in:</i>	Note: a increase in these accounts improves cash flow		
8	Accounts Payable			6,080
9	Accrued Expenses and Other			(7,910)
10	Deferred Subscription Income			
11	NET CASH PROVIDED (Used) BY OPERATING ACTIVITIES		\$	243,604

INVESTING ACTIVITIES:

12	Purchases of Property & Equipment			(9,777)
13	Proceeds from Disposal of Property & Equipment			
14	Purchases of Investments			
15	Proceeds from Disposal of Investments			
16	Loans Made			
17	Collections on Loans			
18	Other			
19	NET CASH PROVIDED (Used) BY INVESTING ACTIVITIES			(9,777)

FINANCING ACTIVITIES:

	<u>New Borrowings:</u>			
20	Long-Term			
21	Short-Term			
	<u>Debt Reduction:</u>			
22	Long-Term			
23	Short-Term			
24	Net working capital paid to Parent Company			(233,827)
25	Dividends Paid		\$	
26	NET CASH PROVIDED (Used) BY FINANCING ACTIVITIES			(233,827)
27	NET INCREASE (Decrease) IN CASH			-
28	CASH AT BEGINNING OF YEAR			-
29	CASH AT END OF YEAR			-

SUPPLEMENTAL DISCLOSURES:

	<u>Non-cash Investing and Financing Transactions:</u>			
30				
31				
32				
33	Interest Paid (Net of Amounts Capitalized)			21,266
34	Income Taxes Paid		\$	51,589

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